



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/755,498
		Filing Date	January 5, 2001
		First Named Inventor	Michael Yip
		Art Unit	2155
		Examiner Name	Y.N. Won
Total Number of Pages in This Submission	13	Attorney Docket Number	2717P030

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	-Check in the amount of \$180.00
<input checked="" type="checkbox"/> PTO/SB/08	<input type="checkbox"/> CD, Number of CD(s)	- Copies of 5 cited refs.
<input type="checkbox"/> Certified Copy of Priority Document(s)		- Return Postcard
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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Technology Center 2100

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul A. Mendonsa, Reg. No. 42,879 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	November 3, 2004

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Kristin A. Morrow
Signature	
Date	November 3, 2004



# **FEE TRANSMITTAL for FY 2004**

*Effective 01/01/2004. Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 180.00)

Complete if Known	
Application Number	09/755,498
Filing Date	January 5, 2001
First Named Inventor	Michael Yip
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Art Unit	2155
Attorney Docket No.	2717P030

**METHOD OF PAYMENT** (*check all that apply*)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

**Deposit  
Account  
#** 02-2666

**Deposit  
Account  
Name** Blakely, Sokoloff, Taylor & Zafman LLP

**The Commissioner is authorized to:** (check all that apply)

Charge fee(s) indicated below       Credit any overpayments

Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## **FEE CALCULATION**

## **1. BASIC FILING FEE**

<b>Large Entity</b>	<b>Small Entity</b>				
<b>Fee Code</b>	<b>Fee (\$)</b>	<b>Fee Code</b>	<b>Fee (\$)</b>	<b>Fee Description</b>	<b>Fee Paid</b>
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

## **2. EXTRA CLAIM FEES**

Total Claims		Claims below	Fee Paid
Independent Claims	- 24** =	X	=
Multiple Dependent	- 4 =	X	=
			=

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple Dependent claim, if not paid
1204	88	2204	44	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

*\*or number previously paid, if greater. For Reissues, see below.*

\* Reduced by Basic Firm Fee Paid

**SUBTOTAL (3)** **(\\$)** **180.00**

**SUBMITTED BY**

**Complete (if applicable)**

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone
Signature			Date	11/03/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 02/10/2004.  
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